

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MARYLAND

MARC CASON 1-31-1960

#180574/1409104

c/o W.C.I

13800 McMullen Hwy. SW.

CUMBERLAND, MD 21502

(Full name, date of birth, identification #, address of petitioner)

Plaintiff,

BON SECUR HOSPITAL BALTIMORE, MD  
CORIZON HEALTH INC.

DR. BOLAJI ONABATO, ADESAHEEN GETACHEW  
DR. LAWRENCE H. SCIPIO, DR. OKETUNJE, YONAS SISAY, MD  
HERUY BISHAN, MD. MARYLAND DEPARTMENT OF CORR.

6776 REISTERSTOWN RD BALTO MD 21015

(Full name and address of respondent)

Defendant(s).

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FILED  
APR 03 2020  
RECEIVED

APR 03 2020

AT GREENBELT  
CLERK U.S. DISTRICT COURT  
DISTRICT OF MARYLAND

DEPT

Case No.: PX-20-692

(Leave blank. To be filled in by Court.)

COMPLAINT

I. Previous Lawsuits

A. Have you filed other cases in state or federal court dealing with the same facts as in this case or against the same defendants?

YES ☒ NO ☒

B. If you answered YES, describe that case(s) in the spaces below.

1. Parties to the other case(s):

Plaintiff: \_\_\_\_\_

Defendant(s): \_\_\_\_\_

2. Court (if a federal court name the district; if a state court name the city or county):

\_\_\_\_\_

3. Case No.: \_\_\_\_\_
4. Date filed: \_\_\_\_\_
5. Name of judge that handled the case: \_\_\_\_\_
6. Disposition (won, dismissed, still pending, on appeal): \_\_\_\_\_  
\_\_\_\_\_
7. Date of Disposition: \_\_\_\_\_

## II. Administrative Proceedings

- A. If you are a prisoner, did you file a grievance as required by the prison's administrative remedy procedures?

YES ☐ NO ☒

1. If you answered YES:

- a. What was the result? \_\_\_\_\_  
\_\_\_\_\_
- b. Did you appeal? \_\_\_\_\_

YES ☐ NO ☒

2. If you answered NO to either of the questions above, explain why: BECAUSE THE  
DIVISION OF CORRECTION AND CORISON HAVE ADMITTED TO THEIR WRONG -  
DOING

## III. Statement of Claim

(Briefly state the facts of your case. Include dates, times, and places. Describe what each defendant did or how he/she is involved. If you are making a number of related claims, number and explain each claim in a separate paragraph.)

BEGINNING AROUND JULY 10<sup>th</sup> 2018 TO ABOUT AUGUST 24<sup>th</sup> 2018 I SUFFERED SEVERE  
BLADDER AND URINARY TRACT INFECTIONS FROM FILTHY CONDITIONS AT DORSEY RUN  
CORRECTIONAL FACILITY. I WAS BACK AND FORTH IN THE HOSPITAL WITH SEVERE  
BLEEDING, EXCRUCIATING PAIN FROM CLOTS IN MY BLADDER ONLY TO BE SENT  
BACK OVER AND OVER TO D.R.C.F. TO THIS DAY I STILL SUFFER BLADDER PROBLEMS

IV. Relief

(State briefly what you want the Court to do for you.)

I WANT THE COURT TO AWARD MONETARY, PUNITIVE COMPENSATORY AND  
ANY OTHER DAMAGES IT SEES FIT FOR MY PAIN AND SUFFERING I ENDURED  
FOR WEEKS. ALSO, TO APPOINT LEGAL COUNSEL AS PLAINTIFF IS UNABLE  
TO AFFORD SUCH

SIGNED THIS 28<sup>th</sup> day of MARCH, 2020.

Marc S. Cason  
Signature of Plaintiff

MARC S. CASON SR  
Printed Name

13800 McMULLEN HWY SW.  
Address CUMBERLAND, MD. 21502

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address